O'AHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

**NEIGHBOR ISLAND CANDIDATES-**SUBMIT 1 ORIGINAL AND 2 COPIES

### STATE OF HAWAII **CAMPAIGN SPENDING COMMISSION**

### **DISCLOSURE REPORT CANDIDATE COMMITTEE**



PLE	PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")							
(a) (b) (c)	Candidate Name: Melinda S.  Committee Name: Mailing Address:	Jaffe  FRIENDS OF MINDY JAFFE  234 Ohua St. #118  Honolulu, HI 96815 545-1121 (Res)	(See the S	minary Primary Iminary Primary mary RE ary General ction Period	JAN 30 men Short	complete this section)  ded First Third Second Fourth Form 1  EPORTING PERIOD		
		SECTION III-SUMMARY OF R (Complete Section IV on the Back of t			s Section)	COLUMN B ELECTION PERIOD <sup>2</sup> TOTAL TO DATE		
1.	Cash on Hand at t	he Beginning of the Election Periodhe Beginning of this Reporting Period		3,393.8	·	-0- 56,130.67		
<ul><li>3.</li><li>4.</li><li>5.</li></ul>	Subtotal (Add Line	es 2 and 3 for Column A and Lines 1 and 3 for Column at a continuous (From Line 15)	nn BJ	13,236.6		56,130.67 55,419.78		
6.	Cash on Hand at t	he Closing of this Reporting Period (Subtract Line 5	from Line 4)	710.8	3 9	710.89		
7.	Total Loans at the	Closing of this Reporting Period	<b></b>	-0-	-			
8.	Total Unpaid Expe	nditures at the Closing of this Reporting Period		-0-	<u>-</u>			
9.		e Closing of this Reporting Period (Add Lines 7 and 8		- 0 - - 0 -				
		a information on this report and all attached Schedul	<del></del>			of my knowledge.		
	<b>.</b> .	•	Λ			,		

1/30/01

Date

1/30/01

Date

a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filing a Preliminery, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if

#### SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

**COLUMN A** 

**COLUMN B** 

12,525.75

12,525.75

**ELECTION PERIOD** TOTAL THIS PERIOD TOTAL TO DATE RECEIPTS 11. Contributions From: 11(a) Individuals/Other Entities/Noncandidate Committees/Political Parties 11(a)(i) Monetary and Non-Monetary Contributions of \$100 or Less..... 645.00 6095.00 350.00 17,425.00 11 (al (ii) Monetary and Non-Monetary Contributions of More Than \$100..... 11(a)(iii) (iii) Subtotal (Add Lines 11/a)(i) and 11(a)(ii))...... 995.00 23,520.00 11(b) (b) Candidate or Candidate's Immediate Family 11(b)(i) Monetary and Non-Monetary Contributions of \$100 or Less..... 207.77 613.17 11(b)(ii) Monetary and Non-Monetary Contributions of More Than \$100...... 8,640.00 31,997.50 11(b)(iii) (iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(iii)..... 8,847.77 32,610.67 12 12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)..... 9,842.77 56,130.67 -0--0-13 13. Public Funds and Other Receipts..... 14 -0---0-9,842.77 15 15. Total Receipts (Add Lines 12 through 14)..... 56,130.67 **DISBURSEMENTS** 16. Expenditures..... 12,525.75 55,419.78 17 17. Loans Repaid or Forgiven.... -0--0-18 18. Unpaid Expenditures Paid or Forgiven..... -0--0-19 19. Subtotal Disbursements (Add Lines 16 through 18)..... 12,525.75 55,419.78 20 20. Unpaid Expenditures..... -0-21. Total Disbursements (Add Lines 19 and 20)...... 21

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE X XCOMMITTEES/POLITICAL PARTIES

CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION



#### **SCHEDULE A** MONETARY AND NON-MONETARY CONTRIBUTIONS **CANDIDATE COMMITTEE**

	R COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURP	DSE OF SOLICITING CONTRIBUTION	ONS OR FOR ANY COMME	RCIAL PURPOSÉ.
CANDIDATE AN	ID CANDIDATE COMMITTEE NAME: Melinda S. Jaffe Friends of Mindy	PAGE	1 OF	2
DATE OF DEPOSIT OR RECEIPT OF	FOR AGGRE FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	GATES OF \$1,000 OR MORE	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD	TOTAL TO DATE
11/15/00	Non-monetaby contribution Mary W. Kimball 3065 Kalakaua Ave. #7 Honolulu, HI 96815	·	200.00	350.00
11/15/00	NON-MONETARY CONTRIBUTION Peter Fithian 2923 Makalei Pl Honolulu, HI 96815		100.00	100.00
11/15/00	Jennifer S. Kelley 3701-D Diamond Hd. Rd. Nonolulu, HI 96816		100.00	100.00
			) }	
11/15/00	Shirley Spencer 74-4912 Kiwi St. Kailua-Kona, HI 96740		100.00	100.00
,				
11/15/00	Cheryl A. Leeman 73-1326 Nawahle St. Kailua-Kona, HI 96740		50.00	50.00
	NON-MONETARY CONTRIBUTION		+	
11/15/00	Cheryl Lynn Yoshida		25.00	25.00
	-			<i></i>
	OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD	_	575.00	
	e Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(ii))			m CC-5(A) (Rev. 5/99

CHECK ONLY	ONE BOX
USE SEPARATE SCHEDULE(S) FO	OR EACH CATEGORY BELOW
- INDIVIDUALS/OTHER ENTITIE	S/NONCANDIDATE

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

CANDIDATE	AR CANOID	ATE'S IBABASE	STASS	CARMIN	,

## SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO WERE AND ADDRESS OF A COURT OF	ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.
NU INFORMATION OF COPIES FROM THE REPURTS SHALL BE SOLD OR USED BY	ANY PERSON FOR THE PURPOSE OF SOCIETING CONTINION TOWN ON FOR ANY COMMENCIAL FOR COST.

CANDIDATE AND CANDIDATE COMMITTEE NAME: Melinda S. Jaffe PAGE 2 OF 2
Friends of Mindy Jaffe

DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD	ELECTION PERIOD TOTAL TO DATE
	NON-MONETARY CONTRIBUTION			
11/15/00	James K. Anderson One Keahole Place #1607 Honolulu, HI 96825		25.00	25.00
•	NON-MONETARY CONTRIBUTION			
	Patricia Miller			
11/15/00			20.00	20.00
	NON-MONETARY CONTRIBUTION			
11/24/00	Susan M. Canter 77-6393 Kupuna St. Kailua-Kona, HI 96740		150.00	250.00
	NON-MONETARY CONTRIBUTION			
11/24/00	Julie L. Rosenheimer 3721 Diamond Hd. Rd. Honolulu, HI 96816		100.00	100.00
	NON-MONETARY CONTRIBUTION			
11/24/00	Donald F. Vogel 4456 Beach Ct. Denver, CO 80211-1451		25.00	25.00
	NON-MONETARY CONTRIBUTION			
12/01/00	Andre Tatibouet 2155 Kalakaua Ave. #500		100.00	100.00
		UO DERIOD (This P )	420.00	
	OF MONETARY AND NON-MONETARY CONTRIBUTIONS THE SETARY AND NON-MONETARY CONTRIBUTIONS THIS PERI		1.1.7.1.71.71.71.71.71	
	e Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(i		995.00	m CC-5(A) (Rev. 5/9

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULEISI FOR EACH CATEGORY BELOW

INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

#### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION



CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

# MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO INFORMATION O	R COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON	FOR THE PURPOSE OF SOLICITING CONTRIBUT	ONS OR FOR ANY COMME	RCIAL PURPOSE.
CANDIDATE AN	D CANDIDATE COMMITTEE NAME:	Toffo PAGE	, OF	2
	Melinda S. Friends of	Mindy Jaffe		
	Tilends of	FOR AGGREGATES OF \$1,000 OR MORE	AMOUNT OF	Ţ
DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD	ELECTION PERIOD TOTAL TO DATE
	NON-MONETARY CONTRIBUTION		<u> </u>	
11/21/00	Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	candidate	4,000.00	25,762.90
	NON-MONETARY CONTRIBUTION			<u> </u>
12/08/00	Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	candidate	500.00	
	NON-MONETARY CONTRIBUTION	}		
	Melinda S. Jaffe			
12/22/00	234 Ohua Ave. #118 Honolulu, HI 96815	candidate	2,000.00	
	NON-MONETARY CONTRIBUTION			
11/13/01	Melinda S. Jaffe	candidate	640.00	
	NON-MONETARY CONTRIBUTION			
11/15/00	Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	candidate	83.08	
11/18/00	Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	candidate	61.69	29,047.67
			-	
1. SUBTOTAL	OF MONETARY AND NON-MONETARY CONTRIBUTIONS	THIS PERIOD (This Page)	7,284.77	
2. TOTAL MON	ETARY AND NON-MONETARY CONTRIBUTIONS THIS PE e Line Number of the Disclosure Report - 11(a)(ii) or 11(b	RIOD (Last Page Only) (Transfer total		
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INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

#### CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION



# SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

CANDIDATE AN	ND CANDIDATE COMMITTEE NAME: Melinda S Friends o	. Jaffe PAGE f Mindy Jaffe	2 OF	2
DATE OF DEPOSIT OF RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE  NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD	TOTAL TO DATE
11/18/00	Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	candidate	63.00	29,110.67
11/30/00	NON-MONETARY CONTRIBUTION Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	candidate	1,500.00	30,610.67
	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION		_	
	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION	·		
1. SUBTOTAL	OF MONETARY AND NON-MONETARY CONTRIBUTIONS	THIS PERIOD (This Page)	1,563.00	
	NETARY AND NON-MONETARY CONTRIBUTIONS THIS PE			

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Melinda S. Jaffe Friends of Mindy Jaffe

PAGE

OF

1

OF 3

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
11/10/00	NON-MONETARY CONTRIBUTION  Victor Milford  4271 Desert Springs Trail Sierra Vista, AZ 85635	Reimburse: signpost, hardware	150.00
11/18/00	□ NON-MONETARY CONTRIBUTION  Ursula Weinecke  Box 115, 125A  1030 Denman St.  Vancouver BC, Canada	Reimburse: rental car, gas	260.93
11/18/00	Master Card	Radio & Cellular rental	161.13
11/18/00	NON-MONETARY CONTRIBUTION I-Design 3442 Waialae Ave. Honolulu, HI 96816	Printing: October pieces	5,160.00
11/18/00	NON-MONETARY CONTRIBUTION  I-Design 3442 Waialae Ave. Honolulu, HI 96816	Printing: September pieces	1,034.00
11/18/00	□ NON-MONETARY CONTRIBUTION  I-Design 3442 Waialae Ave. Honolulu, HI 96816	Graphic design services	624.96
11/21/00	Network Media - Bob Kowal PO Box 88377 Honolulu, HI 96830	Mahalo ad Waikiki News	333.31
<u> </u>			7,724.33

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Melinda S. Jaffe Friends of Mindy Jaffe

PAGE

OF

3

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
11/28/00	□ NON-MONETARY CONTRIBUTION  Kinko's (Master Card)  2575 S. King St.  Honolulu, HI 96826	Mahalo signage	382.29
11/31/00	Honolulu News PO Box 25130 Honolulu, HI 96825	Mahalo ad Honolulu News	380.21
12/19/00	One Non-Monetary Contribution  Christian Phleger Photography 4969 Maunalani Cir.  Honolulu, HI 96816	Christmas card photos	260.00
12/22/00	Mailmark PO Box 1121 Kailua, HI 96734	Christmas card mailing service	403.87
12/22/00	NON-MONETARY CONTRIBUTION  Postmaster - US Postal Service 3600 Aolele St.  Honolulu, HI 96819	Christmas card postage	1,027.28
11/13/00	Melinda S. Jaffe 234 Ohua Ave. #118 Honolulu, HI 96815	Headquarters rent	640.00
.1/15/00	NON-MONETARY CONTRIBUTION  Melinda S. Jaffe 234 Ohua Ave. #118  Honolulu, HI 96815	Headquarters phone	83.08
SURTOTAL O	F EXPENDITURES THIS PERIOD (This Page)		3.176.73

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME: Melinda S. Jaffe PAGE 3 Friends of Mindy Jaffe AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY DATE FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF PURPOSE OF EXPENDITURE OR DESCRIPTION OF CONTRIBUTION OF EXPENDITURE VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION THIS PERIOD X NON-MONETARY CONTRIBUTION Melinda S. Jaffe Modem Line 11/18/00 234 Ohua Ave. #118 61.69 Honolulu, HI 96815 NON-MONETARY CONTRIBUTION Melinda S. Jaffe On-line service 11/18/00 234 Ohua Ave. #118 provider 63.00 Honolulu, HI NON-MONETARY CONTRIBUTION Melinda S. Jaffe Lease value 11/30/00 234 Ohua Ave. #118 office furn/fix 1,500.00 Honolulu, HI 96815 NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION NON-MONETARY CONTRIBUTION 1.624.69 1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)......





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CANDIDATE AN	D CANDIDATE COMMITTEE NAME:					PAGE	. OF	1
		Melinda			Inff.		1	
		Friends	OI M	iinay	Jarre			
DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, SOURCE OF PUBLIC FUNDS OF	STATE AND ZIPCODE OTHER RECEIPT	E OF	DES	CRIPTION OF C	OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
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	IC FUNDS AND OTHER RECEIPTS TO SUITE REPORTS TO SUITE REPORTS							
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### ATTACH A COPY OF THE EXECUTED LOAN DOCUMENT AT THE TIME OF INITIAL DISCLOSURE

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION



#### SCHEDULE D LOANS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE. CANDIDATE AND CANDIDATE COMMITTEE NAME: Melinda S. Jaffe PAGE OF 1 1 Friends of Mindy Jaffe FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER LOAN SOURCE NAME OF EMPLOYER AND OCCUPATION AMOUNT OF AMOUNT OF LOAN AT BEGINNING OF NEW LOAN AMOUNT REPAID LOAN AT CLOSING OF AMOUNT OR FORGIVEN DATE OF LOAN PURPOSE OF LOAN THIS PERIOD THIS PERIOD THIS PERIOD THIS PERIOD FORGIVEN CANDIDATE MMEDIATE FAMILY FINANCIAL INSTITUTIO OTHER FORGIVEN CANDIDATE HAMEDIATE FAMILY T PHANCIAL INSTITUTION 🔲 ОТНЕЯ FORGIVEN CANDIDATE MMEDIATE FAMILY FINANCIAL INSTITUTION Попн∉я FORGIVEN CANDIDATE MAMEDIATE FAMILY FINANCIAL INSTITUTION OTHER FORGIVEN ☐ CAMDIDATE MAMEDIATE FAMILY FINANCIAL INSTITUTION C OTHER -0--0-1. SUBTOTAL (This Page).... -0-

Form CC-5(D) (Rev. 5/99)

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If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....

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2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of

the Disclosure Report).....

3. TOTAL LOANS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of

the Disclosure Report).....



#### **SCHEDULE E UNPAID EXPENDITURES** CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.					
CANDIDATE AND CANDIDATE COMMITTEE NAME: Melinda S.			PAGE	1 OF	1
	Friends o	f Mindy Ja	ffe		
DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR  PURPOSE OF UNPAID EXPENDITURE	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
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SUBTOTAL (This Page)      TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line)			-0-	-0- ///////////////////////////////////	<b>-</b> 0-
Number 20 of the Disclosure Report)					
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line  Number 18 of the Disclosure Report)0-					
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Disclosure Report)					-0- n CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.